

**CITY OF HALLANDALE BEACH  
CENTRAL SERVICES DEPARTMENT  
PURCHASING DIVISION  
400 SOUTH FEDERAL HIGHWAY  
HALLANDALE BEACH, FL 33009  
TEL: (954) 457-1331 FAX: (954) 457-1342  
[CentralServices@hallandalebeach.org](mailto:CentralServices@hallandalebeach.org)**

Dear Vendor:

The City's vendor application is attached for your completion and return to the City of Hallandale Beach. Return via e-mail as an attachment to:  
[CentralServices@hallandalebeach.org](mailto:CentralServices@hallandalebeach.org).

All information is to be completed. The information on line #6 is important for the correct Selection of your business for various City requirements.

Please include any prompt payment discount days or percentages by the #2 invoice payment address.

Business on City property will require a Certificate of Insurance. A current certificate of insurance for liability and any other coverages must be on file if business will be conducted on City Property. The insurance certificate may be provided with this completed vendor application or supplied prior to performance of service or installations on City property.

Should you have any questions, please contact Art Andrews, General Services Coordinator, at (954) 457-1332 or Joann Wiggins, AOA V/Office Manager, at (954) 457-1331.

Sincerely,

E. Dent McGough, Director  
Central Services Department

EDM/jw  
Attachment

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## **VENDOR APPLICATION**

1. Name and Address of Business
2. Address to which bid requests and other information is to be mailed.  
  
Invoice payment address:
3. Contact (Name & Title):
4. Telephone Number:  
FAX:  
E-mail Address:
5. Federal Employer's ID Number
6. Type of business / goods / service. Please be specific. Include all:
7. Indicate if business is a Minority Business Enterprise (MBE), Small Business Enterprise (SBE) or Women Owned Business Enterprise (WBE) by checking type of minority status.  
  
(MBE)\_\_\_\_ (SBE) \_\_\_\_ (WBE) \_\_\_\_ N/A\_\_\_\_  
  
Black (B) \_\_\_\_ Hispanic (H) \_\_\_\_ Asian American (A) \_\_\_\_  
  
Cau (C) \_\_\_\_ Native American (N) \_\_\_\_ Other (O) \_\_\_\_
8. How long in present business:
9. The undersigned hereby certifies that the above and foregoing information is a complete, true, and correct statement of the facts.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name